www.ijip.in | ISSN: 2348-5396 (e) | ISSN: 2349-3429 (P)

Volume: 6, Issue: 4, October-December, 2018

DOI:10.25215 | DIP:18.01 | IF. 6.9 (ICI)

ROLE OF PERCEIVED SPOUSAL SUPPORT IN RECOVERY AMONG INDIVIDUALS SEEKING TREATMENT FOR ALCOHOL DEPENDENCE DISORDER

PARVATHY NAIR
DR. RUSHI ARSHAD

ISSN 2348-5396

9 772348 539009

The International Journal of INDIAN PSYCHOLOGY

The International Journal of
INDIAN PSYCHOLOGY

VOLUME 6
ISSUE 4
SPECIAL ISSUE
OCTOBER-DECEMBER, 2018

ROLE OF PERCEIVED SPOUSAL SUPPORT IN RECOVERY AMONG INDIVIDUALS SEEKING TREATMENT FOR ALCOHOL DEPENDENCE DISORDER

PARVATHY NAIR
DR. RUSHI ARSHAD
DEPARTMENT OF CLINICAL PSYCHOLOGY
CENTRE OF EXCELLENCE IN MENTAL HEALTH
POST GRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH, DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI.

THE INTERNATIONAL JOURNAL OF INDIAN PSYCHOLOGY

This Issue (Volume 6, Issue 4) Published, December, 2018

-- -- -- -- -- -- -- -- -- -- -- --

Headquarters;

REDSHINE Publication, 88, Patel Street, Navamuvada, Lunawada, Gujarat, India, 389230

Author Helpline: +91 76988 26988

Edited by Board of the Journal.

-- -- -- -- -- -- -- --

ISSN (Online) 2348-5396
ISSN (Print) 2349-3429
ZDB: 2775190-9
IDN: 1052425984
CODEN: IJIPD3
OCLC: 882110133
WorldCat Accession: (DE-600) ZDB2775190-9
ROAR ID: 9235

-- -- -- -- -- -- -- --

Website: www.ijip.in
Email: info.ijip@gmail.com

-- -- -- -- -- -- -- --

Please submit your work's abstract or introduction to (info.ijip@gmail.com/www.ijip.in)

IJIP's all content automatic indexed to Google Scholar, Google Book Programs, J-Gate, ICI Database.

BOOKLET NO 1

Message from the Desk of Editor

The International Journal of Indian Psychology gives emphasis to the development and retaining of outstanding people. It empowers people to maximize their potential contribution and encourage them to be entrepreneurial. Quality Control - By implementing the strong quality measures & amp; intellectual property law; the journal is eager to develop the strong coordination with researchers, academics & industrial practitioners. Innovation - Being a high energy, fast moving, decisive organization with a strong tendency for action; International Journal of Indian Psychology is constantly looking for new ideas & suggestions.

Mile stone of the journal:

Currently, the journal's Achievement is becoming a major international research journal editors and thesis research. We acquire, develop, market and distribute the knowledge through the dissemination of academics and practitioners from around the world. The journal published by maintains the highest standards of quality, integrated newsrooms by researchers around the world.

At last, I would like to thank *RED'SHINE Publication, Pvt. Ltd*. for this keepsake, and my editorial team, technical team, designing team, promoting team, indexing team, authors and well wishers, who are promoting this journal. As well as I also thankful to *Indian Psychological Association* and President *Prof. Tarni Jee* for gives review team, I also thank you to all Indian Psychological Association members for support us. With these words, I conclude and promise that the standards policies will be maintained. We hope that the research featured here sets up many new milestones. I look forward to make this endeavour very meaningful.

Prof. Suresh Makvana, PhD[1]
Editor in Chief,
HOD & Professor,
Dept. of Psychology,
Sardar Patel University,
Vallabh Vidyanagar,
Gujarat, India

[1] @ ksmnortol@gmail.com

INDEX OF VOLUME 6, ISSUE 4

ABSTRACT

Alcohol dependence has been a widely studied topic but focus has not been on associated psychosocial factors. As important as the intervention provided is, equally so is the nature of support available to the individual. Studying the support factors associated can help in tailoring the scope of the intervention such that the intervention can be a holistic one. Aim of this study is twofold- to study the relation between spousal support and severity of alcohol dependence and to explore the role of spousal support in recovery from alcoholism. For this purpose, 60 patients coming to the department of psychiatry at Dr. Ram Manohar Lohia hospital for treatment for alcohol use disorder were selected. The study employed both quantitative and qualitative methodologies in accordance with the aims of the study. 60 participants meeting the inclusion and exclusion criterion were selected and the spousal support questionnaire (brief) as also the AUDIT was administered. Spearman rank order correlation was used to analyze the data. 15 participants were then selected from this with high scores on the spousal support questionnaire. Semi-structured interview schedule was administered, interviews were recorded and transcribed and thematic analysis was employed. Results indicated no significant relation between spousal support and severity of alcohol dependence. Thematic analysis revealed significant global themes such as perception of spousal support, perception of family support, change in quality of marital relationship, and impact of communication pattern on the recovery process. Studies such as this help understand the important role played by spouses and immediate family members in the recovery process. Hence, interventions for alcohol dependence should take into consideration the psychosocial aspects and integrate them to design a holistic approach.

Keywords: Alcohol Dependence Disorder, Perceived Spousal Support, Recovery

INTRODUCTION

Alcoholism

Davies (1976/1979) defines alcoholism as "intermittent or continual use of alcohol associated with dependency (psychological or physical) or harm in the sphere of mental, physical, or social activity (as cited in Gifford, 2010). As per Gallant (1987), treatment for a drinking problem will depend on whether there is any impairment in the following areas of the person's life- "employment or studies; marital, family, or living companion relationships; interpersonal relationships; legal problems and; medical complications (as cited in Gifford, 2010).

Three significant points in understanding alcoholism are- the individual is either/or psychologically/physically dependent on alcohol; despite harmful consequences, the individual continues to drink; and there is impaired control regarding drinking behavior Gifford, 2010).

Many psychological theories have been proposed to explain alcoholism. One of the most successful theories of alcoholism is the "tension reduction hypothesis" (TRT). This hypothesis postulates that alcoholism's stress relieving property is one of the primary motivating factors for people to consume alcohol (Sayette, 1993). Many sociological studies have found a link between level of stress and problem drinking in certain non-western cultures. The two postulates of this hypothesis are- in most situations, consumption of alcohol will reduce stress; when under stress, people will be motivated to drink. The underlying explanation is that consumption of alcohol, for some people, helps reduce levels of pre-existing stress. However, many investigations conducted in the 1980s revealed an inconsistent relationship between stress and alcohol consumption. Sayette (1993) concluded that a range of factors can influence the relationship between stress and alcohol such as personality traits, family history of alcoholism, extent of self consciousness, level of cognitive functioning, and gender.

Personality approaches to alcoholism depict another approach to understanding the abuse and dependence on alcohol with specific emphasis on individual differences. This arose from psychoanalytic theory which suggested that a specific personality type exists for alcoholism, namely "addictive personality type." Studies revealed, on comparing alcoholics and non alcoholics, differences across a myriad of dimensions. However, considerable heterogeneity across the population of individuals abusing alcohol led to rejection of this personality type (Leonard & Blane, 1999).

Another theory that has been widely influential is the Social Learning Theory (SLT). This theory emphasizes the role of "vicarious" learning and the social environment in understanding the etiology of alcohol abuse/dependence. A strong proponent of SLT, Bandura focused on the social environment and cognitive processes in the causal model. "Three basic constructs that are critical to the SLT of alcohol use and alcoholism: the influence of the social environment; coping skills and cognitive variables, including self efficacy; and outcome expectancies" (Leonard & Blane, 1999).

Windle and Davies have proposed that developmental theories are better equipped to understand abuse and dependence patterns as they take into consideration the interaction between predispositions and stress across the lifespan (Leonard & Blane, 1999). Expectancy theory has also made significant contributions towards understanding causation in alcohol abuse/dependence. According to this theory, certain representations are set in our minds

about the consequences associated with some behaviors and these expectations may be acquired with/without direct experience with these consequences. Thus, the expectations about the positive and negative outcomes of drinking have been viewed as important determinants of drinking behavior (Goldman, Del Boca & Darkes, as cited in Leonard & Blane, 1999).

Spousal Support

Family support has an important role to play in helping individuals recover from/cope with substance dependence/mental illness. In majority of the cases, families are the only support system available to the individuals, both financially and emotionally. Family members often help in crisis management, monitor adherence to treatment, assist with activities of daily living among other things (Kirby & Keon, 2004 as cited in Family Mental Health Alliance (FMHA) 2006). Thus, mental health professionals need to acknowledge the contribution made by the family when designing intervention strategies.

When a family member is diagnosed with an addiction or a mental health problem, family members become the primary source of support. However, the reaction that family members may demonstrate varies greatly. When there is lack of understanding, stigma or discrimination family members may distance themselves from the concerned individual and this adversely impacts the recovery of the individual (FMHA, 2006).

It has been noted that a complex relationship exists between social support and alcohol dependence. The perceived support influences a range of associated factors such as decision to quit and taking treatment, adherence to medicines and likelihood of relapse (Brooks, Lopez, Ranucci, Krumlauf & Wallen, 2017). The domain of spousal support has not yet been specific explored but the multifaceted nature of social support has been. Brennan and Moos (1990) studied the role of social support resources in men with alcohol dependence and explored variety of factors such as relationship with spouse and relationship with children. The findings revealed that lower availability of support resources was related to the prognosis and predicted a poor outcome (as cited in Schmitt, 2003). Sobell, Sobell and Leo (2000) investigated spousal support by doing an intervention study which revealed that there was no impact of enhancing spousal support on the drinking behaviour (as cited in Schmitt, 2003). However, spousal support was not being understood here as an all encompassing term that could have positive impact if conceptualized in a holistic manner.

According to Dixit, Chauhan and Azad (2015), attachment is an important factor for human growth. For adults, romantic relationship becomes one of the primary attachment relationships. The researchers proposed that support from a spouse/partner had a huge role to play in abstinence. The relationship between relationship satisfaction (from perceived support) and abstinence was a circular one with each affecting the other.

The incidence and impact of addiction has been well documented in literature. What often goes unacknowledged is the important role played by spouses in the recovery process. The role of spousal support as a single factor relating to addiction has not been explored. The spouse is the immediate environment and perceived spousal support could have an influence on the process of recovery and abstinence. Conversely, conflictual marital relations could become an added source of stress that triggers relapse. Thus, exploration of spousal support can not only help us understand the recovery process and relapse process but can also inform the intervention, making it a holistic one.

Rationale

In India, family is the most important and dominant social unit and thus, an important source of social support. The social support provided as also the perception the individual has of the social support expressed by family members needs to be understood by mental health professionals. Any treatment with individuals of alcohol dependence will need to assess the perception of social support and the impact it has on the individual. Several quantitative studies have investigated the relationship between social support and recovery but not with specific focus on the spouse. Very often, individuals are brought to mental health facilities for psychiatric treatment by their spouses. The spouse also has to manage the behavior demonstrated by the individual under the influence of the substance. The motivation the spouse has for supporting the individual as also the strength of the relationship can become important factors in the recovery process. Thus, spouse of the individual suffering from alcoholism cannot be ignored with this respect. Spouses are usually the most affected while also the ones most likely to make a positive contribution the individual's recovery. The purpose of this study is to explore how spouses can help individuals with alcoholism, thus effectively reducing the likelihood of relapse.

Research Question

What is the relationship between spousal support and severity of alcohol dependence and the role of spousal support in recovery from alcohol dependence?

Hypothesis

H1. Individuals with higher spousal support will have less severity of alcohol dependence.

REVIEW OF LITERATURE

The process by which dependence occurs towards alcoholism is dynamic and multifaceted. Neurobiological and psychological processes have been implicated in alcohol dependence. Initiation of drinking behavior may occur due to the perceived rewards associated with alcohol such as reducing anxiety and a feeling of jubilation. The same behavior may be sustained to reduce the aversive effects (heightened autonomic nervous system activity, CNS hyperexcitability, irritability, agitation and so on) associated with withdrawal. Memories become ingrained associating the rewards and the reduction in negative consequences and learned associations are established between internal states and corresponding environmental situations which regulate the drinking behavior. Excessive and continued consumption of alcohol may lead to dependence which is usually characterized by a constellation of withdrawal symptoms that may be physical as well as psychological. Individual may continue drinking alcohol to reduce the adverse effects associated with alcohol. Studies on animal and human populations have implied that individuals dependent on alcohol are more vulnerable to "relapse provoking stimuli" and this in turn influences the individual's decisions regarding drinking behavior (Becker, n.d.).

Relapse can be defined as "the resumption of alcohol drinking following a prolonged period of abstinence" (Anton, 1999; Koob, 2000; Littleton, 2000 as cited in Becker, n.d.). Triggers provoking relapse have been categorized as follows- exposure to alcohol, exposure to environmental cues associated with alcohol, and stress. As mentioned above, individuals with alcohol dependence are more sensitive to "relapse provoking stimuli" thus significantly increasing the chance for relapse (Becker, n.d.).

According to Best and Lubman (2012), over half the population of individuals with substance dependence will eventually recover. Some of the key factors that predict recovery are active engagement in community setting and support from peers and family members. The process of recovery requires a two fold approach- encouraging and enabling the recovery journey of the individual and supporting recovery through a supportive network involving family members, peers and support groups.

Several studies have documented the importance of social factors in understanding recovery in individuals with a history of alcohol dependence (Beattie & Longabaugh, 1999 as cited in Polcin, Korcha, Bond, Galloway &Pharma, 2010). Research has indicated that social support plays a key role in recovery and in predicting abstinence in individuals with substance dependence (Moos & Moos, 2000; Bond, Kaskutas & Weiner, 2003 as cited in Polcinet.al., 2010).

A recent study found that over the past 20 years, alcohol consumption in India has increased by 55%, with a significant contribution being made by the youth (Roy, 2015). With regard to alcohol dependence, researchers have found that only a small portion of the treatment occurs within the hospital setting with many other factors influencing treatment outcome. In the Indian context, the family and community are recognized as dominant units of social interaction thereby making social support an important factor in determining the individual's adjustment to society (Dixit, Chauhan & Azad, 2015).

Taking into consideration that there is lack of studies on social support in enabling recovery in alcoholism in India, Dixit, Chauhan and Azad (2015) conducted a study on male patients with alcohol dependent syndrome in the armed forces. 55 male patients with a diagnosis of alcohol dependence were selected to study their perception of social support. The milestones

of alcohol dependence were recorded and then the participants were divided into two groups- abstinent and relapse. Perception of social support was assessed using the 'social provision scale' and 'social support questionnaire.' Data was analyzed using chi square, Mann Whitney U-Test and rank ANNOVA. Data analysis revealed an inverse relationship between relapse and perception of social support. It was also found that individuals who were abstinent perceived significantly more social support than individuals in the relapse group. Specifically, the researchers found that perception of social integration was significantly higher in the abstinent group. The conclusion drawn was that individuals with alcohol dependence, when not isolated or marginalized are more likely to be motivated to abstain from drinking. Thus, preventing isolation of the individual from his family members can contribute to recovery and reducing the possibility of relapse. The investigators also highlighted the role of nurturance. Individuals with a history of alcohol dependence usually have difficulties in interpersonal relationships and suffer from "role loss" as their social and occupation value deteriorates. Thus, nurturance provided by family members can restore a sense of purpose and direction, effectively increasing their self worth which then helps the individual abstain from drinking. This study highlighted the importance of perceived social support that can be integral to psychotherapy with patients of alcohol dependence.

Families play an integral yet complex role in substance abuse and dependence treatment. Families become a stable and constant source of support for the individual with substance dependence while also having to deal with and manage the behavior of the individual. Individuals with substance dependence are often encouraged to take care of themselves and stay motivated but are often not prepared for the reactions from their family members. Thus, the support provided and more importantly, the perception of social support is of utmost importance in any treatment regime for substance dependence (Substance abuse treatment and family therapy, 2004).

When providing care to people with substance dependence issues, family members serve in a variety of roles. Family members may serve as informal case managers, provide financial assistance, assist with crisis intervention, and monitor adherence to treatment which lessens the probability of relapse (Boydell, Jadaa, Trainor, & O'Grady, n.d., as cited in FMHA, 2006). Studies assessing the contributions made by families have indicated that family involvement has significant benefits for an individual recovering from alcoholism such as reduced rates of future hospitalization and relapse, increased compliance with medication and treatment plans, and increased chance of recovery (FMHA, 2006).

Hussin and Halim (2008) conducted a study to explore family support as an intervention strategy in people undergoing drug recovery. Family support was studied as a common denominator in understanding the recovery process of addicts. 25 addicts who were recovering successfully were studied using factor rating techniques. Factors studied included "emotional support, psychological support, physical support and vocational support." Analysis of the data revealed that family support, bolstered by psychoeducation, made a significant contribution to recovery in addicts.

Sobell, Sobell and Leo (2000) investigated the role of spousal support in the recovery process and for this purpose, an intervention study was undertaken. Spouses of problem drinkers were randomly assigned to two conditions- in one condition the spouses received reading materials as also two sessions with a therapist; in the second condition, it was only supportive. Assessment done at twelve month follow indicated no difference between the two groups. The scope of the research was limited in terms of the intervention provided being brief and addressing only specific aspects of spousal support.

METHODOLOGY

***Aims*:**

- Explore the importance of perceived spousal support in recovery among individuals seeking treatment for alcohol dependence disorder.
- To study the relation between spousal support and severity of alcohol dependence among individuals seeking treatment for alcohol dependence

Operational definitions

Alcohol dependence. This will be based on the history obtained where a previous diagnosis of alcohol dependence was made and participant is currently seeking treatment (according to ICD 10).

Perceived spousal support. Defined by the existence of a marital relationship with another individual and the perception of the availability of support from this individual (the spouse) (Wilson & Berg, n.d.).

Recovery. A process of recovery involves the individual taking control of his life and attempting to change aspects of his life/environment that can be modified (Liepman & Nirenberg, 1987).

Research Design

The study adopts a mixed research design which involves employing both qualitative and quantitative methods. In the current study, Concurrent design was used.

Research Paradigm

The paradigm employed was Interpretative Phenomenological Approach (IPA). It is an approach to qualitative research belonging to the hermeneutic school of phenomenology and involves a detailed examination of the participant's real world. This includes exploring an individual's personal experiences regarding an event or object (Smith & Osborrn, 2007).

Sampling

For the purpose of this study the sample consisted of the following characteristics.

Sampling technique for quantitative. Purposive sampling was employed. All males coming to OPD/IPD at Dr. RML Hospital with a diagnosis of alcohol dependence were informed about the research. Interested individuals were then referred.

Sampling technique for qualitative. Purposive sampling was employed for identifying the 15 male participants.

Sample size for quantitative: 60 individuals with a diagnosis of alcohol dependence were selected.

Sample size for qualitative: 15 males with a diagnosis of alcohol dependence scoring high on spousal support were selected.

Inclusion criteria. For the study, males with a diagnosis of alcohol dependence who had been married for at least two years were selected.

Exclusion criteria. This included males with any history of other psychiatric illness (except for nicotine dependence) and those who have been divorced/separated/remarried.

Instruments

Socio-demographic questionnaire. This was used to collect information about the participant regarding age, gender, educational qualification, occupation, marital status, duration of marriage and income, time period of alcohol dependence and duration of abstinence.

Spousal support/strain scale (short version). Developed by Schuster et al (1990) consisting of 4 items that measure spousal support on a likert scale ranging from never=1 to often=3.

The alcohol use disorders identification test (AUDIT). The AUDIT is a 10 item screening tool developed by the World Health Organization (WHO) to evaluate consumption of alcohol as also alcohol related problems.

Semi-structured interview schedule. The semi-structured interview schedule was developed with the help of already established tools measuring perceived social support such as the "Multidimensional Scale of Perceived Social Support" (MSPSS) (Zimet, Dahlem, Zimet& Farley, 1988) and "Social Support Questionnaire" (Sarasaon, Levine & Basham et.al., 1983). The semi-structured interview schedule consisted of open ended questions designed to elicit information in a non directive, non suggestible manner**.**

Procedure

The current study was a concurrent design study. Approval from the Institutional Review Board (IRB) and Ethics Committee of PGIMER and Dr. Ram ManoharLohia Hospital was taken. For the persons with a diagnosis of alcohol dependence seeking treatment from department of psychiatry and clinical psychology, Dr. RML hospital was identified. The purpose of the study and all the relevant aspects were explained and informed consent was obtained from them.

After the informed consent had been obtained, the social support/strain scale and the AUDIT were administered. Participants scoring high on the social support/strain scale were selected for the interview. Participants were interviewed using the semi-structured interview schedule. Subsequently, data was analyzed.

Data Analysis

Data analysis for quantitative: Descriptive statistics was computed (mean and standard deviation) using the Statistical Package for Social Sciences Version 20 (SPSS 20). Correlation analysis was conducted. As it was non-parametric, Spearman's rank correlation coefficient was employed.

Data analysis for qualitative: Thematic analysis was used to analyze the data. This primarily involved drawing significant, common and recurring themes from the data set.

Ethical considerations:

- The researcher sought institutional approval from the Institutional Review Board (IRB) and Ethics committee of Dr. Ram Manohar Lohia Hospital, PGIMER, New Delhi.
- The data collection took place only after the informed consent had been collected from the participants.
- Participants were informed that their participation in the study was voluntary and that they had the right to withdraw from the study at any point of time.

- The researcher ensured that no harm (physical/psychological) would befall the participants at any point of time during the process of research.
- Participants were ensured of confidentiality and anonymity.
- Participants were ensured that the data collected will be kept confidential and will only be used for research purposes.
- After data collection, participants were debriefed about the study being conducted.

RESULTS AND DISCUSSION

The aim of the research was to twofold: to study the relation between spousal support and severity of alcohol dependence and to study the role of perceived spousal support in recovery among individuals seeking treatment for alcohol dependence. The emphasis was on understanding how perceived spousal support played a role in the recovery from alcohol dependence.

The study has both a quantitative and a qualitative component. For the quantitative component, sixty participants meeting the inclusion and exclusion criteria were selected through purposive sampling. Two scales were administered- the spousal support questionnaire to measure spousal support and the AUDIT to measure the severity of alcohol dependence. For the qualitative component, fifteen participants were selected who had scored high on the spousal support questionnaire using convenience sampling. An interview schedule was prepared which had been validated by an expert panel consisting of three members. All the fifteen participants were interviewed and the interviews were audio recorded. The interviews were then transcribed verbatim following which analysis was done.

Shapiro Wilk test was used to test for normality. The value of $p < .05$ was obtained for majority of the variable indicating that the data was not normally distributed. Spearman rank correlation was used as the data was non-parametric. No significant relation was found between spousal support and severity of alcohol dependence. Thus, the hypothesis proposed was rejected.

Thematic analysis was carried out. Each line of the transcript was read and re-read to arrive at the basic themes. The first step in the process was to develop the coding framework. All the transcripts were tabulated and then coded according to what the sentences contained to arrive at the basic themes. the basic themes were coded according to what the sentences contained to arrive at the basic themes. Connected organizational themes were then brought together under a specific global theme which was comprehensive enough to encompass as well as explain all the relevant organizational themes.

Table 1

Participant profile

Participants	Initials	Age	Years of marriage	Years of alcohol dependence
P1	IP	42	10	15
P2	AJ	43	15	23
P3	NA	27	6	8
P4	DS	36	10	8
P5	NK	33	5	5
P6	HC	42	5	6
P7	IN	34	14	10
P8	GS	54	26	10
P9	VK	55	20	25
P10	GK	42	17	15
P11	DS	49	24	3
P12	GM	47	24	3
P13	RP	40	18	25
P14	SS	55	22	30
P15	NS	50	30	25

Table 2 Mean and standard deviation of the age of the participants

	Minimum	Maximum	Mean	Standard deviation
Age	24	56	39.73	8.758
Education	1	4	2.51	0.911

The participants (N=60, Mean age= 39.73, SD= 8.758) were males between the age group of 24 and 56, as depicted in Table 2. The standard deviation was 8.758. Mean number of years of education was 2.51 with standard deviation of 0.911 ranging from no formal education to 4 years of education.

Table 3 Correlation between severity of alcohol dependence (AUDIT) and spousal support (SSQ)

Domain	SSQ
AUDIT	-.197

Correlation analysis was done using Spearman rank correlation to assess the relationship as the data was not normally distributed. A negative relationship was found between the severity of alcohol dependence and spousal support that was not significant. This indicates that the perceived spousal support doesn't have any relation to the severity of alcohol dependence in these participants.

The chapter also expands on the themes arrived at through thematic analysis along with research studies that either support or contradict the findings of this study. The themes have been represented in the following table.

Table 4 Themes representing the Role of Perceived Spousal Support in recovery among those seeking treatment for alcohol dependence

Global Themes	Organizing Themes	Basic Themes
1. Factors related to spousal support	1.1 quality of marital relationship that helped	1.1.1 sharing 1.1.2 joint decision making 1.1.3 perceptive to emotions
	1.2 support	1.2.1 concern 1.2.2 seeking treatment 1.2.3 positive regard
	1.3 marital discord	1.3.1 fighting with wife 1.3.2 not sharing with wife 1.3.3 blaming wife
	1.4 change in marital relationship after quitting	1.4.1 positive engagement 1.4.2 decrease in fights 1.4.3 shift in perspective 1.4.4 taking interest in wife's needs & wants
2. Factors related to family support	2.1 support	2.1.1 they are with me 2.1.2 supportive in treatment 2.1.3 financial assistance
	2.2 accommodation	2.2.1 drink at home 2.2.2 drink at functions 2.2.3 drink within limits

Global Themes	Organizing Themes	Basic Themes
3. Factors related to dependence	3.1 signs of dependence	3.1.1 craving
		3.1.2 physical withdrawal
		3.1.3 anxiety symptoms
		3.1.4 attention only on alcohol
	3.2 situations	3.1.5 disturbed routines
		3.2.1 social occasions
		3.2.2 with friends
	3.3 relapse	3.2.3 colleagues at work
		3.3.1 poor medication compliance
		3.3.2 peer influence
		3.3.3 overestimation
4. Locus of control	4.1 external attribution	4.1.1 feeling burdened
		4.1.2 boredom
		4.1.3 work pressure
	4.2 maladaptive internal coping	4.2.1 denial of problem
		4.2.2. preoccupation with past events
		4.2.3 personality traits
5. Reasons for quitting?	5.1 Physical harm	5.1.1 harm to liver
		5.1.2 weakness in body
		5.1.3 under intoxication
	5.2 Interpersonal discord	5.2.1 role reversal
		5.2.2 giving up responsibility
		5.2.3 fear that wife might leave
	5.3 Social	5.3.1 embarrassment
		5.3.2 what will society think?
		5.3.3 difficulty getting alliance for children
	5.4 Occupational	5.4.1 sleeping at workplace
		5.4.2 fighting with boss
	5.5 Financial	5.5.1 loss of money
		5.5.2 difficulty fulfilling other responsibilities
	5.6 Self	5.6.1 spend time with children
		5.6.2 fear
		5.6.3 self loathing
6. Role of Communication	6.1 Direct communication (spouse)	6.1.1 verbally expressing concern regarding drinking
		6.1.2 verbally expressing fears
	6.2 Indirect communication (spouse)	6.2.1 snide remark
		6.2.2 passive aggression
		6.2.3 not discussing the problem
	6.3 Direct communication	6.3.1 children expressing

Global Themes	Organizing Themes	Basic Themes
	(family)	concern regarding drinking
		6.3.2 parents expressing concern
	6.4 Indirect communication (family)	6.4.1 snide remarks
		6.4.2 not being invited for family gatherings

1. Factors related to spousal support

This was the first global theme. This theme captures the varying factors related to spousal support. It encompasses the relationship that the participant shares with his wife and how the perceived spousal support has influenced the recover process. The theme also includes interpersonal conflict between the participant and the spouse which was partially influenced by the alcohol dependence. Changes in the quality of marital relationship due to abstinence have also been reflected in the theme.

1.1 Quality of marital relationship that helped. This organizing theme includes the various factors associated with the marital relationship, as perceived by the participants, which helped them recover from alcohol dependence. Participants were of the view that these factors associated with the quality of marital relationship contributed to the strength of their marital relationship. When these factors were present, the participants were more likely to be motivated to leave alcohol and seek treatment and these factors were identified by the participant as being crucial to their recovery process.

1.1.1 Sharing. Majority of the participants identified this as an essential characteristic of a healthy marriage. As they could share their problems and difficulties faced with their spouse, they were more inclined to open up about the dependency they had on alcohol. As the spouses had been receptive in the past and had taken interest in helping the participants, they would tell their spouses about their problems related to work, finances and most importantly, alcohol. Thus, apart from the participants the spouses would also then take an active interest in seeking help and ensuring that compliance was maintained.

"we share a good relation. Since our marriage only, we have had a good rapport. I tell her about things and we talk and discuss things like taking any decision. Sometimes, I don't even have to tell her but she knows" (NA, personal communication, 10 February, 2018).

"we know that we should not spoil it after coming till this stage. We can't keep going if there are issues. We have to build understanding. Madam, I know my shortcomings. Due to which everything is getting spoiled" (RP, personal communication, 2 March, 2018).

1.1.2 Joint decision making. Decisions regarding household matters, finances, and children would usually be taken jointly by the participants and their spouses. The spouses would be equal and active partners in the decision making process. Thus, participants would listen to the concerns voiced by the spouses with regard to varying matters including their own, problematic behaviours.

"we share a good relation. Since our marriage only, we have had a good rapport. I tell her about things and we talk and discuss things like taking any decision. Sometimes, I don't even have to tell her but she knows" (GK, personal communication, 16 March, 2018).

1.1.3 Perceptive to emotions. Majority of the participants felt close to their spouses because they were perceptive to their emotions. Some of the participants were not verbally expressive but the sharing process was continued because the spouses were able to understand from the participants' nonverbal behavior that they were disturbed.

"Sometimes, I don't even have to tell her but she knows. Like something happened at the office, she would see my face and my behaviour and she would understand that something was wrong. Then she would sit me down and ask me and I would feel better after telling her. Like my mind would feel light" (RP, personal communication, 2 March, 2018).

"Sometimes, I would not feel like talking about it and I would tell her that I'll tell you tomorrow and she wouldn't push. Next morning, I would be more calm and then I would tell her. I think she could just see my face and see how my eyes were and she would understand. Eyes don't like and if the person has been staying with you for 25-27 years, you can understand by looking at the eyes" (NA, personal communication, 10 February, 2018).

1.2 Support. This organizing theme directly reflects the different ways in which the participants experienced the support extended by their spouses. When participants perceived their spouses as being supportive, they were more likely to accept their dependency on alcohol as also seek help for the same and remain motivated to be abstinent.

1.2.1 Concern. Verbal and nonverbal expression of concerns was appreciated by the participants. Concerns could be about a range of topics such as health and work stress and not restricted to drinking. Participants would perceive this as a sign of support and care and would be receptive to it and more likely to modify their behaviours.

"I mean, I think she would look for reasons to fight. When I used to drink a lot, she would try and put some sense into my head that everyone is watching and seeing how I come home at night and that it isn't a very good thing" (VK, personal communication, 20 March, 2018).
"I know she is concerned about me" (NS, personal communication, 18 March, 2018).

1.2.2 Seeking treatment. When participants began accepting that they had a drinking problem, the spouses were usually the ones to suggest that treatment was required. Participants would usually be confident that they could leave alcohol on their own but the spouses would encourage them to also seek help from medical professionals.
"After my first child was born, my father and my wife decided that I should seek treatment and I was drinking more than most others and they started worrying about it" (IP, personal communication, 10 January, 2018).

"She was the first person I told when I decided to quit this time. I told her that I was worried about my drinking and I wanted to stop. She encouraged me and told me that I should take treatment as well because that would really help me along" (IN, personal communication, 13 March, 2018).

1.2.3 Positive regard. Participants would feel motivated to continue with treatment and remain abstinent when their spouses would show appreciation, usually through a smile or few kind words. In response to the participants' attempts to quit drinking, the spouses would also change their behaviours to show their appreciation.

"She was very understanding and she used to appreciate that I had quit drinking. She would tell me how happy she was with my decision and she would encourage me to continue the same way" (IN, personal communication, 13 March, 2018).

"Now also, since I have quit drinking, she talks to me properly and she doesn't get angry" (SS, personal communication, 15 January, 2018).

1.3 Marital discord. This organizing theme reflects the interpersonal conflicts in the marital relationships that have been exacerbated due to the alcohol dependence. This would often work as a vicious cycle with the alcohol dependence leading to more fights and then the fights leading to more drinking.

1.3.1 Fighting with wife. Some of the participants reported that fights with their spouses occurred frequently, usually related to their drinking habit. The spouses would be disturbed by the behavior of the participants, especially under alcohol intoxication. In response, the participants would get irritated and angry and sometimes, drink more.

"When I had come home, I had an argument with my wife. She asked me not to come to house for 6 months" (SS, personal communication, 15 January).

"Because of all of this, we used to fight also very often and this was always related to my drinking. She would complain to other family members as well, about my drinking. I would listen to what she had to say and I never replied back. I just used to go and lie down and she would continue to complain and I think that used to irritate her more because I never said anything" (GK, personal communication, 16 March, 2018).

1.3.2 Not sharing with wife. Some of the participants would have difficulty sharing their problems with their wives or only share part of their problems. Instead, they would use alcohol as a way to de-stress. Negative emotions associated would be expressed via the medium of alcohol.

"I don't usually talk about things that bother me to anyone. I usually keep it inside only and I don't express. I don't usually share things with anyone and it has always been this way. Even if there was something that I wanted to say, I wouldn't" (DS, personal communication, 25 March, 2018).

1.3.3 Blaming wife. Some of the participants blamed their wife for their alcohol dependency. They reported feeling irritated and becoming angry with their spouses and then drinking alcohol as a means of dealing with the anger.

"Otherwise, she keeps fighting, I mean, I think she would look for reasons tofight" (GS, personal communication, 16 January, 2018).

"She used to make me mad. So I asked her not to give me more tensions. Let me drink. So she said you can start drinking and that I have money. But I knew it's not good. It will spoil people later. I have seen people's lives getting spoiled. Still after a hectic day, I used to drink" (NK, personal communication, 20 January, 2018).

"I would have some fight with her and then I would be so angry, I would go out and drink. I don't think I was happy with my marriage at that point of time and drinking just made me feel relaxed and forget everything. I would pick a fight then with her and then go drinking after that" (GM, personal communication, 16 March, 2018).

1.4 Change in marital relationship after quitting. This organizing theme reflects the perceived changes in marital relationship that have occurred as a result of abstinence from alcohol. The participants were of the view that their abstinence led to changes in their own behavior which then improved the quality of their marital relationship.

1.4.1 Positive engagement. The participants noticed positive responses from their spouses as a result of the abstinence. The spouses were more willing to spend time with them and engage in conversations including giving positive feedback to the participants.

"Now, I try and spend time with her and we go out and we share problems. She tells me about her job and if she needs any help and I tell her if I have any problem. She was the first person I told when I decided to quit this time" (SS, personal communication, 15 January, 2018).

"Now, after things improved, we started going out to places and going for movies" (NK, personal communication, 20 January, 2018).

"now since past few weeks, I come home in the evening and then we sit down together and drink tea. This was not the case before and I think it's nice. Then she tells me about the children and what they did and any other news and also the gossip of the day, like what happened with which neighbour and so on. It's different from me coming home all drunk and passing out" (DS, personal communication, 10 March, 2018).

1.4.2 Decrease in fights. Some of the participants reported that their abstinence led to positive responses from their spouses and thereby, decreased fights. The spouses would appreciate the efforts made by the participants leading to increased positive interaction. Also, abstinence would usually lead to positively perceived changes in the participants' behavior.

"Then I started making efforts to talk to her and spend time with her. It took a while but now, we are much better. Now we have a very good relationship. And that is why I gave up drinking this time. I did not want to spoil things again" (HC, personal communication, 12 February, 2018).

"She would tell me how happy she was with my decision and she would encourage me to continue the same way. Now also, since I have quit drinking, she talks to me properly and she doesn't get angry. Otherwise, she keeps fighting" (IP, personal communication, 10 January, 2018).

1.4.3 Shift in perspective. For many of the participants, abstinence led to a gradual shift in their perspective which influenced the way in which they understood their spouse's behaviours. Earlier they weren't able to appreciate the efforts made by their spouses and would get irritated easily with their spouses.

"Now, we have a good relationship. I know she is concerned about me and I have been able to appreciate her concern. Earlier, because of the alcohol I couldn't clearly see what was happening" (DS, personal communication, 25 March, 2018).

"There is a lot of difference. Now I like how things are, I like my life. Earlier, I don't think I liked my life. I didn't know what was happening. My entire focus had gradually shifted to alcohol and that was all that I could see. Now family members are also happy. They finally think of me as taking responsibility and doing what is right" (GM, personal communication, 15 February, 2018).

1.4.4 Taking interest in wife's needs and wants. The participants were of the view that due to abstinence, they were able to pay more attention to their spouses. They became interested in appreciating their spouses and knowing about their needs and trying to fulfill their wants as well, both emotionally and materialistically.

"Earlier I never used to care about what she wanted. Now I get her things, I don't just give her money, I actually buy her things because I want to buy them for her. Earlier, I never used to care" (NA, personal communication, 10 February, 2018).

"I wasn't even bothered about my own children. Now I take interest in these things. Now I cooperate with her, we sit and talk, we share things about whatever thing we need to" (RP, personal communication, 2 March, 2018).

This global theme looked at all the factors related to perceived spousal support that helped the participants in their recovery process as also those factors that participants considered as hampering their process of recovery. Prior to abstinence, the quality of marital relationship and changes in the quality of this relationship have also been highlighted. Silva, Guimaraes and Salles (2014) qualitatively investigated the risk and protective factors related to relapse in various users of psychoactive substance users. Family conflict was reported by majority of the users as one of the main reasons for relapse. The underlying rationale being that that conflict in the family led to arguments and fights which then led to stress and the individuals turned to substances as a means of dealing with it. Studies have also indicated that perceived social support can help in the recovery process by motivating individuals to utilize external support resources such as Alcoholics Anonymous (Brooks, Lopez, Ranucci, Krumlauf & Wallen, 2017). Brooks et.al (2017) also found that spousal support was reported to be one of the main sources of social support which corroborates the findings here.

There are certain theoretical models that can help explain how perceived support can help individuals be motivated to regulate their own behaviour ("Social Support," n.d.). The stress and coping perspective is one of the dominant perspectives in research on social support (Cohen, Gottlieb & Underwood, 1991). According to this theoretical perspective, social support acts as a buffer and protects individuals from the adverse impact of stress (Lazarus, 1966 as cited in Krohne, 2002). The social cognitive perspective (Lakey & Drew, 1997) explains how perceived support influences evaluations of self which subsequently influences mental health. Cognitive network, according to this perspective, is a web of evaluations of self and other important people in one's life. Thus, when support is perceived, cognitive network associated with negative evaluations are less accessible to our awareness and attention is drawn towards more positive emotions and memories. When applied to the findings here, perceived spousal support acted as a buffer, indirectly helping the participants cope with stress. Perception that their spouses were available and extending support led to a more positive state of mind which then motivated them to regulate their drinking behaviour.

The appreciation of spousal support indirectly helped in abstinence, as mentioned above. However, the themes portray a more direct role as well. When the participants perceived their spouses as being supportive, a more direct engagement was involved. Spouses would accompany the participants for follow up treatments while also being motivated to comply with the medications. Thus, perceived spousal support can directly and indirectly influence behaviours associated with alcohol dependence.

2. Factors Related to Family Support

This is the second global theme. This theme encompasses the varying factors, as perceived by the participants, related to all aspects of family support. Behavior of the family members that indirectly contributed to their alcohol dependency as also aspects that helped them realize their dependency and seek treatment have been recognized under the purview of this theme.

2.1 Support. This organizing theme identifies different facets related to how participants perceived and understood support extended by the family members. Varying behaviours of the family members reflecting their support towards the participants, especially with regard to their recovery process have been reflected here.

2.1.1 They are with me. Through repeated verbal assurances and behavior that supported it, participants began believing that their family members were with them and supportive of them. They weren't being blamed or held responsible and the constant presence of the family members had a positive influence on the recovery process.

"Now I am not in touch with them anymore. I don't talk to them over the phone and I don't meet them. My family's support has also been very helpful for me, it has greatly helped me turn my life around" (GM, personal communication, 15 February, 2018).
"If I need anything also, they don't deny me that" (GK, personal communication, 16 March, 2018).

2.1.2 Supportive in treatment. Support was also perceived by the participants through the treatment process. In going to the hospitals and when hospitalization was required, family members made themselves available. The responsibility would be, usually, shared by more than one family member and thus, the support perceived as more.

"Well, when I was admitted here, they were all very caring and concerned. They made the arrangements for me to be admitted and someone would always stay with me at night. I mean, they had jobs and other work to do but they all were there" (DS, personal communication, 25 March, 2018).

2.1.3 Financial assistance. As the treatment process can be intensive, often participants had to be admitted requiring them to take leaves from work which would then lead to financial loss. Financial loss was also incurred due to medical investigations and medicines. A family member extending financial help was perceived by the participants as a show of support which indirectly influenced their recovery from alcohol.

"stay with me at night. I mean, they had jobs and other work to do but they all were there. Since past 6 months, my father has been taking care of my family and paying the fees of my children. If I need anything also, they don't deny me that" (NA, personal communication, 10 February, 2018).

2.2 Accommodation. This theme indicates the various ways in which family members made adjustments for the participants' drinking behavior. This was not in support of their drinking habit but a means for them to control the amount of intake as also the situations wherein alcohol was being consumed, so as it make it more socially acceptable and less harmful. However, participants often did not find these to be helpful and would continue with their usual drinking pattern.

2.2.1 Drink at home. Participants report that family members would usually give them advice and sometimes plead with them to only drink alcohol at home and not come home drunk. The reason cited for this was that when the participants would come home under the influence, other members of the society also became aware of this and this would affect the family's social standing.

"I don't think my drinking ever bothered them. They used to tell me that I should not drink and come home and instead I should buy and keep bottles at home and drink at home" (NK, personal communication, 20 January, 2018).

"So that was the only complaint that my children ever had. That I should drink at home and not come home drunk" (AJ, personal communication, 4 February, 2018).

2.2.2 Drink at functions. As participants would be reluctant to give up drinking entirely, in a manner of negotiation, family members would compromise and suggest that they could drink during various social functions where drinking alcohol was socially accepted and sometimes encouraged.

"I was young and I used to drink occasionally in the beginning like marriage parties and other functions and she was ok with that" (IP, personal communication, 10 January, 2018).
"Lot of people would tell me about the consequences of drinking and my friends would try and explain that I could drink at parties and during functions but I should not be drinking everyday" (SS, personal communication, 15 January, 2018).

2.2.3 Drink within limits. Some of the participants would not be receptive to the family's advices about quitting alcohol. As a means of harm reduction, family members would negotiate with the participants to limit their amount of alcohol intake such that they would not be intoxicated and in turn misbehave.

"Some people tried to make me understand, like my friends who don't drink. They would tell me to stop or at least to reduce" (GM, personal communication, 15 February, 2018).

This global theme focuses on perceived family support as also adjustments made by the family members that led gradually led to worsening of the dependence behaviour. The impact of long term alcohol consumption has consequences not only for the user but also for the family members. Conversely, behaviour and reactions of the family members impacts the individual as well (Masood & Sahar, 2014). Considering that the individuals with substance dependence usually have contact on a daily basis with their family members and have close interactions, especially in collectivistic cultures, the family can be a very potent protective factor (Masood & Sahar, 2014).

Perceived social support in general can influence variety of factors associated with alcohol dependence such as severity, motivation for treatment, and relapse (Brooks et.al., 2017). They also found family support to be the second most reported source of social support. The importance of perceived family support lies in the fact that it can strengthen people's belief in their own ability. Such individuals are more likely to engage in adaptive self coping strategies that utilizes healthier ways of dealing with stress and not alcohol (Dixit, Chauhan& Azad, 2015).

According to Saatciouglu, Erim and Cakmak (2006), alcohol dependence is a "family disease." The treatment will then have to take the family members into consideration as well. As indicated by the findings here, family members often engage in compromise and negotiation so as to avoid conflict while trying to control the drinking behaviour of the participants. Other studies have found that parental involvement may act as a buffer for adverse life events. Findings indicate that high level of parental support was related to decreased rates of substance use. The perceived family support is essential for abstinence but even more so for post abstinence treatment follow ups (Groh, Jaosn, Davis, Olson & Ferrari, 2007).

3. Factors Related to Dependence

This is the third global theme which encompasses all the factors signaling dependence on alcohol as also the severity of the dependence. This included the various signs of dependence that were manifested by the participants as also various situations in which alcohol was being consumed by the participants as also the differing factors responsible for relapse after quitting successfully.

3.1 Signs of dependence. This organizing theme reflects the various indicators that were present suggesting that the participants were dependent on alcohol. This takes into account the myriad of factors not only associated with dependence such as craving and withdrawal signs but also how the dependency was being manifested in the daily lives of the participants.

3.1.1 Craving. Majority of the participants reported that they had a strong desire to take alcohol, that would usually vary from the evening/night time period to early morning, depending on the severity of the alcohol dependence. Some participants would be successful in quitting for months but then would experience sudden craving again and failure to control this would usually result in binge drinking.

"I have started drinking too much, more than normal level. I used to feel relieved and relaxed. When I used to drink, I was stressed. When I didn't, then too I was stressed" (NK, personal communication, 20 January, 2018).

"But if I feel like finishing a bottle today, I will go and get more. I will ask the servant to get more. 3 days I will drink continuously day and night" (RP, personal communication, 2 March, 2018).

3.1.2 Physical withdrawal. Majority of the participants reported the onset of physical symptoms as occurring immediately after waking up in the morning, which were usually tremors, increased heart beat and sweating. Some participants would experience withdrawal symptoms maybe a day after quitting and would then start taking alcohol again as a means of dealing with the withdrawal entirely.

3.1.3 Anxiety symptoms. Some of the participants also reported anxiety symptoms after waking up in the morning such as restlessness. For other participants, anxiety symptoms would occur when they were in a situation where there was no accessibility to alcohol.

"Not most of the time but like when am working or when am out. I feel uncomfortable if I don't take alcohol. I feel a lot of ghabrahat and then I cannot work at all" (NS, personal communication, 18 March, 2018).

"Well, this time I was more worried than last time I think. It was like I can't do anything without alcohol. I used to feel so anxious without alcohol. Even after getting up in the morning, I would need some alcohol, otherwise I just felt so disturbed" (GS, personal communication, 16 January, 2018).

3.1.4 Attention only on alcohol. Dependency can also be established by understanding the focus of the participant, which would usually be alcohol. Many of the participants reported that they would be engaged in varying daily activities such as a morning walk, praying or working but the focus of their attention would be on consuming alcohol. As a result, their activities would suffer.

"My entire focus had gradually shifted to alcohol and that was all that I could see" (RP, personal communication, 2 March, 2018).

"I keep thinking about the same thing. I mean, this has now started happening very frequently and I cannot do any work properly without alcohol. I just feel like spending all my time at home, drinking or even if I have to go out, then I go and drink some more" (DS, personal communication, 10 March, 2018).

3.1.5 Disturbed routines. As severity of the dependence increased, more disturbed became the routines for the participants. Early morning drinking was reported by some of the participants as also taking breaks between work hours to go drink. Majority of the participants also reported disturbed sleep, which would usually only be resolved by taking alcohol.

"This time I took off. When I had come home I had an argument with my wife. She asked me not to come to house for 6 months. Then I kept thinking for days. Then it occurred to me that I had drank alcohol. I used to stay awake till 12 or 1 am and then I used to sleep during day and used to drink in the evening" (IP, personal communication, 10 January, 2018).

"Whenever I feel like, like after I wake up in the morning or if I wake up at 11, even then, had my breakfast, then drink some. So there is no routine exactly. I now drink whenever I feel like. It's not like I see the time and then drink accordingly. If it's available in the morning, it usually is, then I start drinking in the morning itself" (NS, personal communication, 18 March, 2018).

3.2 Situations. This organizing theme demonstrates the different situations wherein participants were likely to consume alcohol. In some situations, participants were more likely to consume alcohol as also more likely to consume increased quantity of alcohol. All of these situations included drinking with other people, which was the most preferred way of drinking for majority of the participants.

3.2.1 Social occasions. According to the participants, they were more likely to drink in social situations such as a wedding or anniversary celebrations or someone's birthday. Participants themselves recognized a tendency where they would eagerly look forwards to occasions such as festivals or family gatherings as they could drink with their friends but also because this was a socially acceptable way of drinking.

"It can be any happy situation, like a festival is being celebrated or there is some function that you are attending like a marriage or birthday"(HC, personal communication, 12 February, 2018).

3.2.2 With friends. Many of the participants already had a system in place where they would drink alcohol on a daily basis with their friends. Such friendships were formed via the medium of alcohol and gathering of friends was for the purpose of drinking only. Some of the participants report that after coming back home from work, they would usually get a call from their friends asking them to come and enjoy with them.

"or a friend's birthday or, if you are just sitting with your friends and having a good time. Sometimes, friends would call suddenly and ask "where are you? Come, let's go there." And I would go there, knowing" (GM, personal communication, 15 February, 2018).

3.2.3 Colleagues at work. For some of the participants, their colleagues at work became their friends after work hours. More specifically, they were friends for the purpose of drinking. Each person in the group would take turns buying the alcohol and thus, they would reach back home hours after office hours were over.

"Meaning, people from the office only, there are 4-5 people like that. So they are the office staff and not a clerk like me but higher authorities and they often sit together and drink and it had become like a routine for me to sit with them and drink, they would call me and we would all sit together and have few drinks. They become like brothers you know. There is some greed, in a way its greed only" (DS, personal communication, 25 March, 2018)

"But there is also the influence of the company you keep, this also plays a very important role I think. There is already a culture among all the staff at the workplace you know, to buy alcohol and everybody shares it, so sharing, that's what happen" (AJ, personal communication, 4 February, 2018).

3.3 Relapse. This organizing theme specifically targets those factors there were identified by the participants as being responsible for relapse. After quitting more than once, participants began recognizing that there were certain specific factors that increased the likelihood of a lapse and subsequent relapse.

3.3.1 Poor medication compliance. When deciding to quit alcohol, majority of the participants readily agreed to take medication but then would become lackadaisical about following up with the treatment. They would start missing out on few medicines and then on follow up dates as they start thinking that everything is ok. Then the craving returns and participants find it difficult to manage following which relapse happens.

"So then I first came here last year but after starting treatment also, I began drinking again. But it wasn't like before, I wasn't drinking everyday but I stopped taking the medications and stopped coming for treatment. For sometime, I was drinking less quantity but now it has started increasing and I don't want to go back to how things were before. So I decided to come for treatment again" (SS, personal communication, 15 January, 2018).

3.3.2 Peer influence. For many of the participants, though they had quit drinking, they were still spending time with the same group of friends who were still consuming alcohol. Thus, chances of relapse were very high.

"that I was mingling with a bad crowd and this was affecting me in a bad way. Earlier, I would go out and drink alone. Then I started making friends, all of whom used to drink and we started drinking together. Then we exchanged numbers and I would get calls saying when I should go and where" (SS, personal communication, 15 January, 2018).

"So the time I used to spend with my wife, I started spending all of that time with my friends and alcohol. I would go for work and then I would come back and freshen up and then go out" (HC, personal communication, 12 February, 2018).

"It has happened before that I would not drink for 3 months or sometimes 6 months and sometimes I would drink continuously without any break. The friend circle I had, they were all involved in the same kind of activities" (GK, personal communication, 16 March, 2018).

3.3.3 Overestimation. In reflection, many of the participants were of the view that they had overestimated their capability and did not take adequate support from external resources. Some of the participants refused medicines entirely without making other necessary changes in their lifestyle or routine which led to relapse.

"Because I was doing well for a year, I thought I could handle myself. I started spending more time with people who used to drink" (GK, personal communication, 16 March, 2018).

"the problem started again, like it was before. It's like I need alcohol to interact with people. One year that I wasn't drinking, I don't think I interacted much with people. But when I drink, I feel more relaxed you know. Then I don't mind going for functions or meeting people" (IP, personal communication, 10 January, 2018).

The findings here reflect the various signs of dependence as also the different situations where they were likely to take alcohol. Factors responsible for relapse have also been highlighted. According to Becker (n.d.), continuous consumption of alcohol can lead to dependence which is usually signified by the various characteristics of dependence. Syndrome of dependence can include physical and psychological manifestations. As evidenced here, these may include tremors and sweating. Psychological symptoms includes symptoms of anxiety such as restlessness as also other manifestations such as urge to consume alcohol and attentional bias on alcohol (Becker, n.d.).

The social circles that the people have are also very important. For many, first time alcohol use often started with friends, usually when they were teenagers. Individuals were most likely to drink when they perceived that their peer group sanctioned this kind of behaviour (Groh, Jaosn, Davis, Olson & Ferrari, 2007). Findings here reflect the same wherein participants feel a sense of brotherhood with their colleagues at the workplace or with their friends and drinking becomes a way to demonstrate friendship.

Friedmann, Saitz and Samet (1998) report that in spite of intensive treatment for addiction only 20%-50% of individuals continue to remain abstinent for the first year. According to them, most physicians focus on mobilizing social support as means of helping the recovery process. Equally important is educating the individuals about the importance of regular follow ups. As seen here, poor treatment adherence was cited as one of the primary reasons for relapse by majority of the participants.

4. Locus of Control

This is the fourth organizing theme which encapsulates the different types of attribution the participants made as means of rationalizing the alcohol dependence. Factors external to the individual such as stress and situations as also internal factors that included coping strategies and personality traits were identified as ways in which the participants justified to themselves and others their dependency on alcohol.

4.1 External attribution. This organizing theme specifically reflects all the factors external to the participants that they held responsible for their alcohol dependence. Different situations and emotions caused by these situations led to internal reactions in the participants which subsequently led to consumption of alcohol.

4.1.1 Feeling burdened. Most of the participants felt stressed and burdened by their responsibilities as also different challenges that they perceived as difficult. Juggling

responsibilities at home as also at the workplace and balancing various roles led to the participants feeling stressed and then turning to alcohol as a source of comfort.

"I used to feel relieved and relaxed" (GM, personal communication, 15 February, 2018).

"I have to raise my three children to be doctors. I have taken such tough responsibilities" (IP, personal communication, 10 January, 2018).
"this....this would be since my grandmother died. Around 6 months I would say, since November. She expired on the 7th, then two days later my father was admitted in the hospital. He had some problem in his brain and they had to put some shunt, I think. Before all this, I did not drink so much you know" (Vk, personal communication, 20 March, 2018).

4.1.2 Boredom. Some of the participants reported that on their days off from work or during vacations, they would experience boredom and were more likely to drink alcohol. They did not engage in any other activities and alcohol became a way to alleviate boredom.
"It also happens that if I am sitting idle, then I want to drink" (HC, personal communication, 12 February, 2018).

"A bit of boredom and also the kind of company you spend time with" (NK, personal communication, 20 January, 2018).

4.1.3 Work pressure. Participants would also drink alcohol and drink more frequently when they experienced more work stress. Difficult relations with superiors and colleagues, usually exacerbated by ongoing dependence would make the work environment an unpleasant one for some of the participants. Also, when responsibilities at work increased, some of them found it difficult to handle them and would drink as a way of coping.

"There are different situations. There are problems at the border. I am a Commander and an officer. So responsibilities are many. So at the border, you are 24x7 tensed" (AJ, personal communication, 4 February, 2018).

4.2 Maladaptive internal coping. This organizing theme specifically reflects all the internal factors that were cited as reasons, direct or otherwise, for drinking alcohol. While some of these reasons were considered as problems and drinking alcohol was a compensatory mechanism, the others were perceived as difficulties which could only be coped with by drinking.

4.2.1 Denial of problem. Majority of the participants were in denial of the fact that their drinking was problematic in any manner. For years together, they would justify it as a social act and reason that they had control over their drinking. However, they were in denial that they had very little control over their drinking, if any and were usually forced to face reality when other domains of life were adversely impacted.

"I would go for work and then I would come back and freshen up and then go out. So this started affecting the relationship I had with my wife. We stopped going anywhere together and we stopped taking trips. I didn't even realize it then" (AJ, personal communication, 4 February, 2018).

4.2.2 Preoccupation with past event. For some of the participants, in spite of realizing that they had a problem they were not able to overcome it because they were constantly

preoccupied with negative events that had occurred in the past. Failures that had occurred or other negative emotional events would keep replaying in their minds which would then lead to irritation and overall lowering of mood and alcohol became the habitual way of dealing with it.

"In 2-3 pegs my mind changes. Slowly anger subsides. I can leave food but not alcohol" (GK, personal communication, 16 March, 2018).

"About anything. When I think about past things, anger builds up" (VK, personal communication, 20 March, 2018).

"But that situation comes to my mind again, so I drink again. I can't forget about it so I keep drinking. After 5 years, you forget what made you drink, but alcohol stays" (DS, personal communication, 25 March, 2018).

4.2.3 Personality traits. For many of the participants, they perceived themselves to have certain personality traits which could only be successfully overcome by drinking alcohol. For example, some of the participants felt that they were shy by nature and felt uncomfortable in social situations. In order to overcome this, they would drink alcohol and then find out that they felt more relaxed and could interact easily with others. Gradually, drinking became the way to overcome shyness and other perceived flaws in their personalities.

"Earlier, I used to feel shy when meeting people, like in functions or parties. So my friends told me that drinking alcohol would help me, you know. It would help me relax and then I would be able to talk. So that's how I started drinking. It was only occasional. I never realized when it became a problem, like how it is now" (NA, personal communication, 10 February, 2018).

Taking a long term view, non pharmacological management is more essential than pharmacological management. Central to any psychotherapeutic intervention for addiction is to understand the reasons for alcohol consumption as also the maintaining factors. In other words, understanding what the locus of control is. According to Abbey, Smith and Scott (1993), motives for alcohol consumption can range from drinking for social desirability, drinking as a coping mechanism or drinking for enjoyment. As indicated in the aforementioned themes, many of the participants began drinking to overcome shyness and to mingle easily in social situations. For others, alcohol became the answer to all their problems. Whether it was regret over past failures or compensating for perceived flaws in oneself, consumption of alcohol was the coping mechanism employed.

Different motives for drinking have been proposed by researchers such as "personal effect motives" and "social effect motives," (Mullford & Miller, 1960 as cited in Abbey, Smith & Scott, 1993; Adams et al., 1990 as cited in Sarris, 2017). "Personal effect motives" refer to drinking as a means to reduce/decrease unpleasant emotions or avoid unpleasant situations. Thus, drinking alcohol becomes as a coping mechanism. "Social effect motives" is when drinking alcohol occurs in various social situations and is an acceptable practice (Abbey, Smith & Scott, 1993; Mullford & Miller, 1990 as cited in Franco, Hubbard & Martin, 1998). Though social reasons have been cited often, for those with substance dependence, drinking alcohol is usually a means of coping.

5. Reasons for quitting?

This is the fifth global theme which includes the varying reasons cited by the participants that led to their decision to quit drinking. Some of these became more prominent over time and had a cumulative effect whereas others were sudden in onset and had an immediate effect. Input from family members and friends often helped participants understand how their drinking pattern was affecting various domains of their lives. At other times, the effect was known best to the participants such as physical effects and as it interfered with their abilities to carry out routine activities, they had to seriously consider quitting.

5.1 Physical harm. This organizing theme identifies all the aspects related to the participants' physical health that became a concern for them. It includes the effect on the body due to long term use of alcohol as also immediate harm to the body as a result of behaviours under intoxication.

5.1.1 Harm to liver. Many of the participants report having to face the realities of their drinking when they were suddenly diagnosed with liver disease or suffering from jaundice or other types of liver infections caused as a result of chronic use of alcohol. Most of the participants had to be hospitalized and take leave from work. Thus, the immediate effect was on the body but the ripple effect was seen in terms of financial and occupational difficulties.

"When I had my physical check-up done, I was diagnosed with jaundice" (AJ, personal communication, 4 February, 2018).

"Also for my physical safety, my liver will be fine then. I won't have other physical problems that may happen if I continue to drink. I can have a long life then, so...they had done some tests recently. And found that something associated with the liver was high. It should not have been so high but it was so, I also want to try and keep my liver safe" (SS, personal communication, 15 January, 2018).

5.1.2 Weakness in body. Some of the participants did not have any serious physical illness caused due to chronic intake of alcohol but majority of the participants reported generalized weakness in their bodies. The fatigue experienced interfered with their household and occupational responsibilities as well.

Then I used to feel low, like mind is useless and brain is also useless…All body system was messed up" (GS, personal communication, 16 January, 2018).

5.1.3 Under intoxication. Some of the participants had a tendency to drive under the influence of alcohol and did not understand the gravity of their behavior till they had a near miss. Only after they had an accident and sustained injuries did the fear set in which then led to them reassessing their decisions and behaviours. Some of them also got into physical/verbal fights under intoxication which had its own set of repercussions.

"Sometimes, it also happens that I get a bit angry after I have had alcohol. Not all the time, but it happens. Then I would also get angry with the children if they don't listen or if they don't sleep on time. And I don't do it on purpose but my voice becomes a bit high, like loud and that disturbs all my family members" (GM, personal communication, 15 February, 2018).

"It had happened that I was drunk and I was driving my scooter and I fell down, nothing bad but it could have been" (AJ, personal communication, 4 February, 2018).

5.2 Interpersonal discord. Some of the effects of alcohol dependence weren't as obvious to the participants as physical harm and had to be deciphered through subtle changes in their lives and only gradually over time. As conflicts with the spouse, other immediate and extended family members became apparent, participants had to take the decision to quit so at to repair the discord and maintain important relations.

5.2.1 Role reversal. The dependency on alcohol led to some of the participants not being able to fulfill their responsibilities associated with their roles as a husband, a father, or a son. Participants only realized this when other family members stepped up to take on their responsibilities and in response experienced a sense of shame, failure and loss.

"I mean, that is my job. To correct them but because of the alcohol they have started telling me and I feel bad you know. My youngest daughter, she doesn't know what alcohol is and so she sees me drinking and says that "oh you are drinking cold drink. I will also have some." Then I feel really bad, she is so young and she has to see all this" (VK, personal communication, 20 March, 2018).

5.2.2 Giving up responsibility. For some of the participants, the impact of their alcohol dependence on their lives and others became glaring only when they had to step down and give up a share of their responsibilities as they were not capable of fulfilling them. This was because alcohol had become the most important aspect of their lives and most of the participants did not realize it till the consequences had already set it.

5.2.3 Fear that wife might leave. Many of the participants took the decision to quit because they had received an ultimatum from their spouses. They sincerely wanted to save their marriages and stop their families from breaking apart which meant that significant changes in lifestyle were required.

"I mean, there is a possibility that my wife might leave me if I start drinking again. She has threatened so in the past and I don't want that to happen" (VK, personal communication, 20 March, 2018).

5.3 Social. Apart from consequences for their personal life, many of the participants also had to experience deterioration in their social standing. They gradually began to realize that their social image had become dominated by their drinking habit and it was reflected in the behaviours of persons they interacted with and sometimes as evidenced by the deliberate lack of such interactions.

5.3.1 Embarrassment. Some of the participants had experiences wherein they behaved in an inappropriate manner under the influence of alcohol usually in a social setting and sometimes in the occupational setting as well. As they realized what they had done the next day, many of them reported feeling embarrassed, especially over the lack of control over their own behaviours.

My wife has seen me once. And she came from 300-350 km. Some neighbour wished to give me some food. So I didn't open the door. And she informed my wife that I am home and she had come home to give food. Sahab is not opening the door. She rang the bell many times. I was unconscious then. Then my wife suspected something wrong. She came all the way 300-

350kms in Chandigarh trainearly morning. That time I was drunk all night" (DS, personal communication, 10 March, 2018).

5.3.2 What will society think? An often asked question to the participants by the family members was this. Initially, most of them did not take this seriously as they were either in denial of having a drinking problem or were confident that they could keep it under wraps. However, people around them began noticing and participants also started wondering how they were being perceived by the society.

"because I had already drank alcohol and didn't want to go in front of people. I knew what they would be thinking of me and some of them knew that I had come from the hospital. I didn't want to be made fun of, so I decided to not attend the functions. I knew it didn't look good if I went and drank there, so it was better not to go for the functions instead" (HC, personal communication, 12 February, 2018).

Then other family members also ask her that if don't work, then who's going to earn and who's going to take responsibility for the family? Who will pay the school fees of the children?" (NA, personal communication, 10 February, 2018).

"If for three days my room is locked, everyone knew that Commander's room will be locked for 3 days for sure. Servant will have to take back the food those 3 days. Driver will sleep peacefully for 3 days. The gypsy didn't come tonight. Sahab didn't come for rounds today. So I was giving a wrong message" (VK, personal communication, 20 March, 2018).

5.3.3 Difficulty getting alliance for children. For many of the older participants who had children of marriageable age, this was one of the primary concerns and one of the significant reasons for quitting drinking. Their children were much more likely to not get suitable alliances because of their dependency on alcohol and they wanted to rectify this.
"See, my daughters are also growing up and this can become a problem later, if the girl's father is considered to be an alcoholic" (SS, personal communication, 15 January, 2018).

5.4 Occupational. This organizing theme reflects how the occupational domain was adversely impacted due to the alcohol dependence of the participants. It included impairment in work due to drinking as also misbehaving under the influence of alcohol.

5.4.1 Sleeping at workplace. Many of the participants had sleep disturbance associated with chronic consumption of alcohol. Others reported poor quality of sleep. In both cases, work was affected. Some of the participants were caught sleeping in their workplaces and then reprimanded for the same. Subsequently, colleagues and supervisors began paying close attention to the behavior of the participants' and scrutinizing their work. This led to the workplace gradually becoming a hostile environment.

"see, after you drink alcohol you will also feel sleepy right. So I felt sleepy and I went to a room near to my office and went and slept there. And the people who work there, the scientists and the rest, they noticed you know. They were like he is a good guy and don't know what has happened to him because earlier I didn't have this problem of drinking in the morning. So some of the senior officers or the colleagues I worked with would come and ask me if everything was ok and that I needed to be careful about my behaviour" (NA, personal communication, 10 February, 2018).

5.4.2 Fighting with boss. Some of the participants reported experiencing craving for alcohol in their workplace and would take short breaks to go out and drink alcohol. On few occasions, some of them got into arguments with their bosses. This would not be the usual *pattern* of behaviour. However, under the influence of alcohol there was a drastic change in their methods of resolving conflict which they usually regretted once the effects of alcohol had worn off.

"It has happened, once or twice, that my officer took a decision that I felt was wrong and I got drunk and I got fired up, I told him what he felt and he realized what the mistake was. I was also at fault there, I shouldn't have gotten drunk and shouted at him. That was my mistake. Then because of this things changed at the office also, people stopped cooperating with me. He knew he had made a mistake but I was more at fault there because I got drunk and then I made a scene which I shouldn't have done" (RP, personal communication, 2 March, 2018).

5.5 Financial. There were practical aspect as well that concerned the participants' and significantly impacted their decision to quit drinking. Majority of the participants were the functional heads of their families and were entirely responsible for all the expenditure related to the family. Gradually, participants began realizing that they were also responsible for the difficulties the family members were facing due to shortage of money.

5.5.1 Loss of money. Many of the participants spent majority of their income on buying alcohol. Money also had to be spent for medical bills associated with alcohol use. Thus, other family members had to compromise and often, spouses had to take up part time jobs in addition to taking care of household work.

"Also, it was a wastage of money and only because of this, there were so many fights happening at home, that wouldn't happen if I wasn't drinking" (GK, personal communication, 16 March, 2018).

"My family members also explained to me that I was spoiling my life and wasting money and not doing anything good" (NK, personal communication, 20 January).

5.5.2 Difficulty fulfilling other responsibilities. Often, other family members such as the participant's father or older child had to contribute so that the household could run smoothly. Participants report that due to shortage of money, very often the education of their children was being compromised. Thus, the participants had to seek financial help from other family members and admit that they were unable to fulfill their basic responsibilities towards their family members.

"Then other family members also ask her that if don't work, then who's going to earn and who's going to take responsibility for the family? Who will pay the school fees of the children?" (DS, personal communication, 25 March, 2018).

5.6 Self. Over time, majority of the participants realized that their self concept and priorities had changed. How they had set out with their lives was drastically different from what it had become. They had neglected their spouses, children and other family members for a long time and alcohol had become the only priority. Along with all the other factors, this became a very significant internal motivator for the participants to quit drinking.

5.6.1 Spend time with children. Some of the participants realized that they had been neglecting their children and not giving them the care and attention they deserved. They actively wanted to change this and spend more time with their children, contribute to their growth and try and set a better example.

"I only have so much life left and I want to spend that with my children, get them married off, Jai Ram Ji…" (SS, personal communication, 15 January, 2018).

"I mean if I end up dying before my children get married then what will happen?...So I have to, for now, focus on getting my children married and settled" (IP, personal communication, 10 January, 2018).

5.6.2 Fear. Some of the participants also reported feeling scared. They were scared about their deteriorating physical condition, scared about their finances, loss of relationships and loss of self respect.
"And found that something associated with the liver was high. It should not have been so high but it was so, I also want to try and keep my liver safe. I got a bit scared also I think" (DS, personal communication, 10 March, 2018).

"I was driving my scooter and I fell down, nothing bad but it could have been. I think that started scaring me, that I could have gotten hurt or I could have died, started scaring me a lot. So I decided to quit you know" (RP, personal communication, 2 March, 2018).

5.6.3 Self loathing. Some participants reported experiencing a deep sense of shame and embarrassment for what they had become. Participants spoke of having a growing dislike for themselves. This led to some introspection which led to a gradual shift in their perspectives.

"that they are aware of what is happening and that is kind of embarrassing" (NK, personal communication, 20 January, 2018).

This organizing theme addresses the reasons cited by the participants for quitting drinking. Reasons given by participants ranged from realization of physical harm, loss of financial stability to feeling of shame and self loathing.

Participants attributed internal and external factors as responsible for their decision to abstain from drinking alcohol. There are a large percentage of people who realize that they have a problem but don't do anything about it. This usually leads to delay in treatment and adverse consequences for the individuals and their family members (Huebner & Kantor, 2011).

There is scarcity of research addressing specifically the reasons people cite for quitting drinking. According to the findings here, it is a combination of feedback provided by important people in the participants' immediate circle as also reflection and self realization.

6. Role of communication
This is the final global theme that was identified. It looks at how different types of communication either helped or worsened the problem. Communications with the spouses as also other family members have been included here. Analyzing these patterns shows how communication can be utilized as an essential tool by spouses and family members in helping the participants recognize the problem and then take steps towards solving the problem.

6.1 Direct communication (spouse). This organizing theme reflect the different ways in which the participants perceived their spouses as engaging in direct forms of communication and more importantly how this contributed to them developing insight about their alcohol dependence.

6.1.1 Verbally expressing concern regarding drinking. Participants started becoming aware of their problematic behaviours associated with alcohol dependence as much through the concerns expressed by their spouses as they did through self reflection. When their spouses would communicate in calm and non hostile manner their various concerns, participants were more likely to be receptive to them.

"My wife used to tell me that I should think of the children and what kind of future they would have if I kept on drinking" (SS, personal communication, 15 January, 2018).

"Now, we have a good relationship. I know she is concerned about me and I have been able to appreciate her concern" (RP, personal communication, 2 March, 2018).

"She would say that I was mingling with a bad crowd and this was affecting me in a bad way. Earlier, I would go out and drink alone. Then I started making friends, all of whom used to drink and we started drinking together" (HC, personal communication, 12 February, 2018).

6.1.2 Verbally expressing fears. Participants report that when their spouses verbally expressed their concerns and fears with regard to the participants' physical health, they were able to appreciate it and perceived it as a show of support and love.
"She was also very worried about the physical effects of drinking and sometimes, she would start crying and telling me that she did not want to see me dead and if I kept drinking in the same manner, I was sure to die" (GM, personal communication, 15 February, 2018).
"*Her father was also an alcoholic, he used to drink a lot and then he expired. So she knew what could happen and she was worried that our children would go into depression*" (DS, personal communication, 10 March, 2018).

6.2 Indirect communication (spouse). This organizing theme reflects the different ways of communication by the spouses that the participants perceived as indirect and in most cases, as negative and ambiguous.

6.2.1 Snide remarks. Sometimes, the spouses would try and communicate their irritation or anger at the participants' behaviour by making snide remarks/comments. This was perceived by the participants' as ambiguous and very negative. Often, the participants would respond to the snide remarks with anger which would lead to interpersonal conflict as also the participants' coping with the anger by drinking alcohol.

"My mrs would tell me sometimes, in the morning that yesterday you had drank too much. I would come back from the office drunk and I would go to sleep quietly. The children would scold if they found me drunk. So I would usually come home at night and go upstairs and quietly go to sleep. Then next day my wife would say something, like a snide remark which was her way of letting me know that she wasn't happy with my behaviour" (NS, personal communication, 18 March, 2018).

"A lot many times they would taunt me. You don't have to directly fight with the person but from far only, indirectly saying something, commenting, that is also enough. I think it started affecting my wife only now" (IP, personal communication, 10 January, 2018).

6.2.2 Passive aggression. Some of the spouses would react by not talking to the participant, not sharing the same bed or ignoring them. The problem with this approach was that nothing was being communicated clearly and tension between the participant and the spouse only worsened.

"I mean, since I have started drinking a lot, she would become angry and in an indirect manner, she would not talk to me or if she is talking, then she would not talk properly" (AJ, personal communication, 4 January, 2018).

"Sometimes it has also happened that my wife wouldn't sleep with me. She would sleep with the children and my mother maybe. I would wake up in the morning and find out that I am sleeping in a different room, it is not the room where I would usually sleep" (RP, personal communication, 2 March, 2018).

"They used to hide by liquor bottles. So I used to buy and drink more. They took my money and purse. In the evening when I felt like taking drinks, they won't give me money, so I used to borrow from friends. Like Rs. 5000. This created more problems" (NS, personal communication, 18 March, 2018).

6.2.3 Not discussing the problem. Some of the participants report that their dependency was never discussed at home. Everyone knew about it but no one would talk about it openly. Thus, for a long time many of the participants did not have a clear idea about how their spouses felt or what the extent of the impact of their behaviour was.
"they would tell me indirectly, they know but they don't want to really talk about it" (GS, personal communication, 16 January, 2018).

6.3 Direct communication (family). This organizing theme reflects the ways in which different family members communicated with the participants in a direct manner. Most of the participants perceived this in a positive manner and appreciated it as a show of concern.

6.3.1 Children expressing concerns regarding drinking. Participants were receptive when their children clearly verbalized their concerns about their alcohol consumption as also about the impact on their physical health.

"They used to tell me that I should not drink and come home… That I should drink at home and not come home drunk. Now that also gets resolved"(VK, personal communication, 20 March, 2018).

6.3.2 Parents expressing concern. Along with their children, the participants' parents also expressed concerns in a clear manner that was not hostile and was perceived in a positive manner by the participants.

"But my family also started feeling, you know, that I had started drinking a lot and that I needed to cut down or stop. I mean, yeah, it's both ways. So they got me here, to show me to the doctor and he said that I should get admitted" (GM, personal communication, 15 February, 2018).

"My mother has also been affected I think. I do anything, then people go tell her that I did so on and so forth and this was because I was drunk. Then she also feels bad" (IN, personal communication, 13 March, 2018).

6.4 Indirect communication (family). This organizing theme encompasses the indirect communication techniques usually employed by family members. Family members usually engage in these methods which are more often maladaptive to communicate to the participants that they were displeased with their dependency on alcohol.

6.4.1 Snide remarks. Family members often communicate using snide remarks/comments that they are unhappy. However, participants report being focused on the negative emotions associated with the comment than on the actual content of the message.

"*they would tell me indirectly, they know but they don't want to really talk about it. But they want to let me know that they are aware of what is happening and that is kind of embarrassing. It is very embarrassing when your children start taunting you and correcting your behaviour"* (IP, personal communication, 10 January, 2018).

6.4.2 Not being invited for family gatherings. Relatives often communicated their unhappiness by ignoring the participants. They would not be invited to various social functions or gatherings as family members wanted to keep a distance from the participants.

"Yes, relatives have stopped coming home. I also do not go to their places only if there is a dire need I go. Most of my relatives don't drink. Hence people have stopped visiting me" (AJ, personal communication, 4 February, 2018).

Though not addressed by previous research, the findings here suggest a central role of communication patterns (employed by spouses and family members) in recovery from alcoholism. Role of communication patterns in the process of recovery from alcohol dependence has not been investigated, as the literature available will demonstrate. However, importance of the same has been studied in other conditions such as recovery from natural disasters as also in postoperative cases (Nicholls, Sykes, &Camilleri, 2010; Razera& Braga, 2011).

Findings of this study broadly classify communication patterns into direct and indirect. The former is characterized by clear verbal messages without ambiguity wherein the participants were able to understand how their spouses and other family members perceived their drinking behaviour. As such, direct communication was perceived in a positive manner and participants were more likely to admit to the problem as also seek treatment. The latter style of communication is characterized by messages that are more often non verbal in nature, relying on the lack of gestures or behaviours with the assumption that the participants would understand what is trying to be conveyed. Most participants reported feeling irritated and angry which led to worsening of the problem. Thus, spouses and family members and in extension, other people in the social network can employ direct communication methods to help individuals realize the problem and also encourage them to seek help. Often, through direct communication the participants' were more inclined to perceive the behaviours of their spouses and family members as a show of concern. In return, they were able to appreciate it and experience the support and care to its full extent.

SUMMARY AND CONCLUSION

The aim of the research was to explore the role of perceived spousal support in recovery among individuals seeking treatment for alcohol dependence.

The objectives of the research were:

- To explore the role of perceived spousal support in recovery among individuals seeking treatment for alcohol dependence disorder.
- To study the relation between spousal support and severity of alcohol dependence among individuals seeking treatment for alcohol dependence.

An exploratory design with mixed method was used for the purpose of this study. Sixty individuals taking treatment for alcohol dependence were selected. The Spousal Support Questionnaire and the Alcohol Use Disorder Identification Test (AUDIT) were administered. Fifteen participants from the sixty with high spousal support were then selected for the qualitative component. A semi structured interview schedule was administered which contained fifteen open ended questions. The interviews were audio recorded and later transcribed. Spearman rank correlation and thematic analysis were used to analyze the data.

Major Findings

Alcohol dependence is an illness that affects the individuals and family members alike. Spouses, children, parents and other family members are adversely impacted by alcohol dependence. Thus, conceptualization of alcohol dependence as an illness has to take into account a variety of interrelated factors. Substantial amount of research has been done with regard to family support but not specifically about spousal support. The spouse has to face the consequences in terms of marital discord, financial instability, taking on additional responsibilities and social exclusion. As much as the alcohol dependent individual's behaviour affects his/her spouse, the converse is also true. Thus, the behaviour of the individual dependent on alcohol will be influenced by the spouse's perceptions and reactions. More importantly, the perception of spousal behaviour needs to be highlighted. Though not always possible, in many cases the spouse can play a protective role.

Taking all these into consideration, this study was conducted. The focus was on understanding how the participants' perceived spousal support and how this influenced their recovery from alcoholism. What is noteworthy is that the emphasis here is on perceived spousal support and not actual support.

Spearman rank correlation indicated that there was no significant relation between perceived spousal support and severity of alcohol dependence. In other words, whether the participants' perceived low or high spousal support did not have any association with the severity of their alcohol dependence. Other factors such as years of substance use, abuse and dependence as also years of marriage, and family type may play a contributory role.

Thematic analysis revealed the presence of a broad array of themes that highlighted the complex nature of addiction and the myriad of interrelated factors that needs to be considered. Global themes such as 'Factor related to family support' were also considered because of the multifactorial nature of addiction wherein it becomes near impossible to separate out individual aspects.

Among the most significant findings was that related to spousal support. Various behaviours of spouses such as expressing concern, taking the participant for treatment and displaying an

understanding attitude were all considered as reflecting spousal support. Interestingly, the participants were aware of the role that their drinking played in marital discord and cited this as a reason for wanting to quit drinking. The fact that their spouses stood by them during trying times and did not give up on them was an immensely motivating factor. Many of the participants' were also able to draw parallels in the quality of their marital relationship before abstinence and after abstinence. Increased level of engagement with the spouse as also display of warmth and concern were appreciated by the participants and used as motivators to continue with their abstinence. A noteworthy point was the shift in perspective that occurred during the process of recovery from alcohol dependence. Earlier, the focus of their attention was singular- alcohol and other related aspects that came with it. Through the process of recovery and abstinence, many of them began realizing what they had been missing out on and started appreciating the positive facets of their lives. Thus, there was a gradual widening in their focus with alcohol being replaced by alternative, healthier pleasures.

Implications

The implications of this study can be understood as being applicable at various levels. Firstly, professionals working in the area of alcohol dependence as also other substance dependence will have to broaden their conceptualizations. Substance dependence is not simply a matter of chronic consumption of the substance with predominant impact on physical health. It is essential that professionals, especially mental health professionals, understand how the dependence developed and how it has impacted people in the immediate social circle.

Secondly, understanding that perceived spousal and family support can either become a risk factor or a protective factor. In working with individuals battling dependence, immediate family members need to be involved. They should be educated about the illness and their role also needs to be highlighted. The intervention process can thus be conceptualized along an interpersonal context, taking advantage of the resources available.

Thirdly, the intervention process can be tailored to specifically target spousal support. Providing spouses with a safe space for venting out their frustrations and then teaching them adaptive coping strategies as also healthy communication techniques can have long standing implications for the recovery process. If done rightly, the spouses can become a very salient point of intervention as they can help regulate healthy behaviours while also encouraging the individuals to come for regular treatment follow ups. All of these will subsequently increase the span of abstinence.

Limitations

The limitations of this study needs to be explained so that the findings can be interpreted accordingly. One major limitation was that the spousal support questionnaire used was very brief and may not have adequately tapped into the various facets of spousal support.

Another limitation was that specific aspects of the participants' relationship with their spouses may not have been adequately explored such as various facets of their marital relationship.

The type of family- nuclear or joint was also not taken into consideration here. This is another major limitation because the type of family can indirectly influence the extent of support available to the participants. Also, the more number of family members in the joint family system can act as a buffer for the adverse consequences of alcohol dependence.

Future scope for research

The focus of this study was on exploring the role of spousal support in recovery from alcohol dependence. For this purpose, only the individuals suffering from alcohol dependence were selected as participants and perceived spousal support was studied. Future research can focus on getting a more comprehensive picture wherein the spouses also become active participants.

As reflected in the findings of the study here, the perceived spousal and family support can have a huge impact on the motivation level of the individuals with alcohol dependence. Studies conducted in the future can focus on identifying what is considered as supportive and what is unsupportive and its relative influences as well.

The scope for research in addiction is huge. Many studies have focused on the neurobiological basis of addiction as also on the efficacy of the various treatment modalities available. Perhaps research can be directed towards understanding addiction as developing and maintaining within a family structure and sub structure. In doing so, important psychosocial factors can be identified which can then subsequently be targeted in the intervention phase.

An interesting finding of this study was the role of communication, with focus on different types of communication patterns and its impact. Considering that this has not been studied so far with respect to addiction behaviours, further studies could focus on addressing this find.

Conclusion

In conclusion, perceived spousal support has a significant role to play in recovery from alcohol dependence. Individuals are much more likely to realize and accept the problem when perceived spousal support is high. More importantly, they are motivated to remain abstinent and adhere to treatment. However, most conventional treatment modalities do not adequately take this into consideration. There is a pressing need to incorporate and mobilize support resources in the environment. Doing so can become a protective factor which can then significantly decrease the chances of relapse.

REFERENCES

Abbey, A., Smith, J, M., & Scott, O, R. (1993). The relationship between reasons for drinking alcohol and alcohol consumption: An interactional approach. Addiction Behaviour, 18(6), 659-670

Becker, C, H. (n.d.). Alcohol dependence, withdrawal, and relapse. National Institute on Alcohol Abuse and Alcoholism, Retrieved from https://pubs.niaaa.nih.gov /publications/arh314/348-361.htm

Best, W, D., & Lubman, I, D. (2012). The recovery paradigm: A model of hope and change for alcohol and drug addiction. Australian Family Physician, 41(8), 593-597.

Brooks, T, A., Lopez, M, M., Ranucci, A., Krumlauf, M., & Wallen, R, G. (2017). A qualitative exploration of social support during treatment for severe alcohol use disorder and recovery. Addictive Behaviors Reports, 6, 76-82.

Dahlem, W, N., Zimet, D, G., & Walker, R, R. (1991). The multidimensional scale of perceived social support: A confirmation study. Journal of Clinical Psychology, 47(6), 756-761.

Dixit, S., Chahuhan, S, V., & Azad, S. (2015).Social support and treatment outcome in alcohol dependence syndrome in armed force. Journal of Clinical and Diagnostic Research, 9(11), 01-05.

Franco, E, S., Hubbard, R, J., Martin, R, P. (1990).Stress and addiction. In J.R. Hubbard & E.A. Workman (Ed.), Handbook of Stress Medicine: An Organ System Approach, (pp. 189-191). USA: CRC Press.

Friedmann, D, P., Saitz, R., &Samet, H, J. (1998). Management of adults recovering from alcohol or other drug problems: Relapse prevention in primary care. JAMA, 279(15), 1227-1231.

Groh, R, D., Jason, A, L., Davis, I, M., Olson, D, B., & Ferrari, R, J. (2007). Friends, family, and alcohol abuse: An examination of general and alcohol-specific social support. American Journal of Addiction,16(1), 49-55.

Huebner, B, R., & Kantor, W, L. (2011). Advances in alcoholism treatment. Alcohol Research & Health, 33(4), 295-299.

Hussin, M., & Halim, A. (2008).Family support as an intervention strategy in drug addiction recovery. National Institute on Drug Abuse. Retrieved from https://www.drugabuse.gov/international/abstracts/family-support-intervention-strategy-in-drug-addiction-recovery.

Lapadat, C, J. (2010). Thematic analysis. In A. J. Mills, G. Durepos, & E. Weibe's (eds.). Encyclopedia of Case Study Research, (pp. 926-927). Thousand Oaks, California: Sage Publications.

Leonard, E, K., & Blane, T, H. (1999). Introduction.In K. E. Leonard & H. T. Blane's (Eds.).Psychological Theories of Drinking and Alcoholism. Springer Street, New York: Guilford Press.

Liepman, R, M., & Nirenberg, D, T. (1987).Beginning treatment for alcohol problems. In W. M. Cox's (ed.). Treatment and Prevention of Alcohol Problems: A Resource Manual, (pp. 17-18). Orlando, Florida: Academic Press, Inc.

Masood, S., Sahar, U, N. (2014).An exploratory research on the role of family in youth's drug addiction. Health Psychology and Behavioural Medicine, 2(1), 820-832.

Merriam, B, S. (2009). Designing your study and selecting a sample. Qualitative Research: A Guide to Design and Implementation (pp. 77-78). San Francisco, CA: John Wiley & Sons, Inc.

Nicholls, S., Sykes, J., &Camilleri, J, P. (2010). The role of the media and communication in recovery from natural disasters: A case study of the Canberra 'firestorm' and its aftermath 2003-2007. Australian Journal of Communication,37(3), 33-50.

Polcin, L, D., Korcha, R., Bond, J., Galloway, G., & Pharma, D. (2010). What did we learn from our study on sober living houses and where do we go from here? Journal of Psychoactive Drugs, 42(4), 425-433.

Razera, R, P, A., & Braga, M, E. (2011). The importance of communication during the postoperative recovery period. Journal of School Nursing, 45(3), 632-637.

Saatcioglu, O., Erin, M., & Cakmak, D. (2006).Role of family in alcohol and substance abuse. Psychiatry and Clinical Neurosciences, 60(2), 125-132

Sarason, I. G., Sarason, B. R., Shearin, E. N., Pierce, G. R. (1987). A brief measure of social support: Practical and theoretical implications. Journal of Social and Personal Relationships, 4, 497-510.

Sarris, N. (2017). I have a drink because I enjoy having a drink: A qualitative study exploring elderly adults' self-reported motivations for drinking alcohol. Retrieved from https://e-space.mmu.ac.uk/619225/1/Natalie%20Sarris.pdf

Sayette, A, M. (1999). Does drinking reduce stress? Alcohol Research & Health, 23(4), 251-255.

Schmitt, M, M. (2003). Recovery from substance abuse: The role of unsupportive social interactions. VCU Scholars Complex. Retrieved from https://scholarscompass.vcu.edu/etd/661

Social support.(n.d.). Retrieved from https://cancercontrol.cancer.gov/brp /research/constructs/social_support.html

Substance abuse treatment and family therapy: Treatment improvement protocol. (2004). Substance Abuse and Mental Health Services Administration (US), 39.

Wilson, J, S., & Berg, A, C. (n.d.). Spousal support: Physical health conditions. In S. K. Whitbourne's (Ed.). The Encyclopedia of Adulthood and Aging: Volume Two, 2016. Chichester, West Sussex: John Wiley & Sons, Inc.

Appendix A
CONSENT TO ACT AS PARTICIPANT IN RESEARCH

TITTLE: Role of Spousal Support in Recovery among Individuals Seeking Treatment for Alcohol Dependence Disorder

What procedures will be performed for research purposes?
If you agree to participate in this research study, we will conduct the following procedures.

- Administer one scale- the spousal support/strain scale consisting of 10 items that has to be filled by the participants.
- A face to face interview will be conducted using a semi-structured interview schedule

Risks of psychological testing: It is common to feel unsure or uncomfortable in answering some of the questions relating to your emotions and attitude. You will not be forced to answer any questions. You may refuse to answer any questions that make you feel uncomfortable.

Risk of breach of confidentiality: There is the rare risk that your research information especially personal identifiers could be accidentally released. If this happens; it could affect your employment, health insurance, or personal relationships.

Who will know about my participation in this research study?
Any information we obtain about you will be handled in a confidential and private manner consistent with other hospital medical records. We will take the following steps to ensure confidentiality. All information about you and your family, will be coded with a study number and kept in locked files and freezers. In a separate, secure location we will keep a coded list that matches your name to the number given to you. We will not share this coded list with anyone outside the research project. When we send your information to other scientists, we will label it with only your study number.

Your research results will not be provided to relatives, personal physician, insurance companies, or any other third party unless you give written consent for this to be done. Your identity or that of your family will not be revealed in any description or publication of this study. Therefore, you consent to publication for scientific purposes. Your information will be kept separate from your medical records. Your research records, just like hospital records, may be subpoenaed by court order or may be inspected by government regulatory authorities.

Is my participation in this research study voluntary?
Your participation in this research study is completely voluntary. Whether or not you provide your consent for participation in this research study will have no effect on your current or future relationship with the Dr. RML Hospital. Before agreeing to participate in this research study, or at any time during your study participation, you may discuss your care with another professional who is not associated with this research study. You are not under any obligation to participate in any research study offered.

May I withdraw, at a future date, my consent for participation in this research study?
Your participation in this research study is completely voluntary. You may refuse to participate or withdraw from participation at any time. If you refuse to participate in this study or withdraw from it, your decision will not adversely affect your care or cause a loss of

benefits to which you are otherwise entitled. To formally withdraw your consent for participation in this research study you should provide a written and dated notice of this decision to the principal investigator of this research study at the address listed on the first page of this form.

VOLUNTARY CONSENT

I certify that I have read the preceding or it has been read to me and that I understand its contents. Any questions I have pertaining to the research have been and will be answered by the investigators listed on the first page of this form. Any questions I have concerning my rights as a research subject may be answered by the Chair of the Ethics Committee of Dr RML Hospital, New Delhi at (2340-4363). A copy of this consent form will be given to me. My signature below means that I have freely agreed to participate in this experimental study.

_____

_____

CONSENT TO RE-CONTACT: I understand that if new information relating to the subject matter of the study becomes available, the investigators may wish to obtain further information from me. I give permission to be re-contacted:

_____Yes _____No

_____

Participant's Signature

****

CERTIFICATION OF INFORMED CONSENT

I certify that I have explained the nature and purpose of this research study to the above-named individual(s), and I have discussed the potential benefits and possible risks of study participation. Any questions the individual(s) have about this study have been answered, and we will always be available to address future questions as they arise."

_____

MS. PARVATHY NAIR

Appendix B

Demographic Data Sheet

Name:

Age:

Educational Qualification:

Occupation:

Family Type: Nuclear/Joint

Years of marriage:

Years of substance use:

Appendix C

SPOUSAL SUPPORT/STRAIN SCALE (Short version)

(Schuster, Kessler & Aseltine, 1990).

	Never (1)	**Sometime (2)**	**Often (3)**
1. How often can you open up to your spouse/partner if you need to talk about your worries?			
2. How often can you rely on him/her for help if you have a problem?			
3. How often does he/she make too many demands on you?			
4. How often does he/she criticize you?			

Score of 4-8: Low support

Score of 9-10: Medium support

Score of 11-12: High support

Appendix D

Semi Structured Interview Schedule

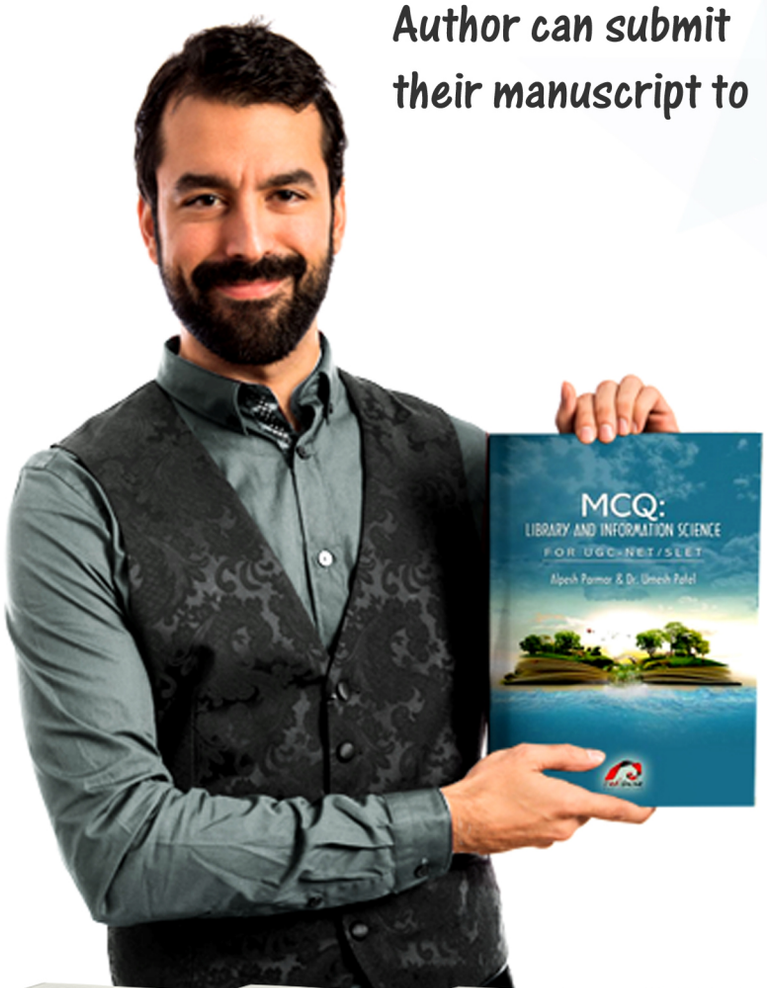
1. **Can you tell me something about yourself?**
2. **With what difficulty did you come to the hospital?**
3. **Have you tried abstaining before? If so, how was your experience?**
4. **What were the reasons for relapse?**
5. **What are the different situations in which you feel the need to consume alcohol?**
   Probes- external situations
   Internal mood states
6. **Why did you decide to quit drinking?**
   Probes- health issues
7. **How has your experience been so far, since you quit drinking?**
   Probes- lapse and relapse
   Difficulties experienced
8. **What are the factors in your life that have helped you quit drinking?**
9. **What has the role of your family been in this?**
   Probes- family reactions
10. **Have you noticed any changes in your relations with your family members after you quit drinking? If so, please describe**
11. **Please describe the relationship you share with your spouse?**
    Probes- discord
12. **Was your spouse aware of your dependence on alcohol? If so, how did this help you in quitting alcohol?**
13. **How did your alcohol dependence impact your relation with your spouse?**
14. **How did your relationship with your spouse change after you quit drinking?**
15. **What advice would you give other people who are trying to quit drinking as well?**

Publish your book for Free!, Publish in just few steps...

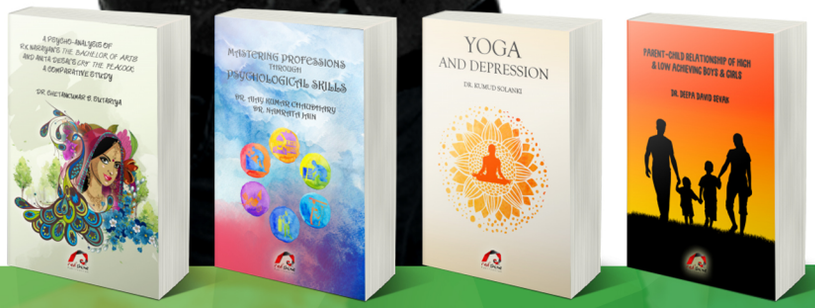
Easily Publish Books, Textbooks, Course materials, Clinical Assessments, Psychological Scales and Tests, Research Thesis. Sell your work on REDSHINE or buy the books you need immediately.

Author can submit their manuscript to

https://bit.ly/redshine



- ✓ Premium Book Cover Design
- ✓ Inner Design
- ✓ ISBN
- ✓ DIP
- ✓ Industrial Book Dimensions
- ✓ Paperback & Hard Cover Binding
- ✓ Laminate in High Glossy
- ✓ Proof Reading: Unlimited (Digital)
- ✓ Indexing in Google and Amazon's all channels or programs



Contact us:

info.redmac@gmail.com

076988 26988

www.redshine.co.in

Edited, Printed and Published by RED'SHINE Publication. Pvt. Ltd (India)
on behalf of the RED'MAC Networks. Inc.
86: Shradhdha, 88 Navamuvada, Lunawada, Gujarat-389230
www.redshine.co.in | info.redmac@gmail.com | Co.no: +91 76988 26988
www.ijip.in | info.ijip@gmail.com | journal@ijip.in

Indexed at

Published by | Cover page designed by | Website designed by